Under the Paperwork Reducti	ed to respo	spond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				pplication Number		10/549401		
FEE TRANSMITTAL				iling Date	Febru	February 8, 2006		
For FY 2008				irst Named Invento	r Brian	J. Dan	iels .	
Applicant claims small entity status. See 37 CFR 1.27				xaminer Name	Sikyi	Sikyin Ip		
Applicant claims small	l entity status.	See 37 CFR 1.27		rt Unit	1793			
TOTAL AMOUNT OF PAY	MENT (\$)	00.00	Α	ittorney Docket No	Н0006	041.709	74 US-4015	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND	EXAMINATION F						
	FILING	FEES mall Entity		H FEES E Small Entity		N FEES <u>LEntity</u>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		e (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210 10	)5		
Design	210	105	100	50	130	55		
Plant	210	105	310	155	160 8	80		
Reissue	310	155	510	255	620 33	10		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
ree Description						Fee (\$) 50	Fee (\$) 25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						210	105	
Multiple dependent claims						370	185	
				Paid (\$)	M	luitiple Depe	ndent Claims	
						Fee (\$)	Fee Paid (\$)	
- 20 or HP = HP = highest number of to Indep. Claims	tal claims paid fo			'aid (\$)			and the second s	
- 3 or HP = x = x = HP = highest number of independent claims paid for, if greater than 3.								
3 APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge):								
Other (e.g., late this	ng surcharge	: 						
SUBMITTED BY	, , , , , , , , , , , , , , , , , , , ,	η,						
Signature	uuua	INVIVA	MAR	egistration No. ttorney/Agent) 46,2	64		49-224-6282	
Name (Print/Type) \$andra	P. Thompson					Date Jul	ly 14, 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.